PLEASE TYPE	PE OR PRINT	Entered previo	us May Show
		yes	□ no
☐ Ms. ☑ Mr. Artist	BRUCE	WAYNE	CLINE
Dormanant			act Name Lact
94121	Street Tel. (2/6)	382-2	City 422
Zip	Area Code		
Temporary o Studio Addre			
	Street		City
	Tel. ()		
Zip	Area Code		
	t presently live in or		
Collaborator			
Collaborator	(If Any)		
If May Show	antrios are not acco	ntod or not colo	•
	entries are not acce		
Artist wi	II pick up at Museu		
△ Artist wi□ Museum		m.	

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Thurse Fi

DO NOT DETACH

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